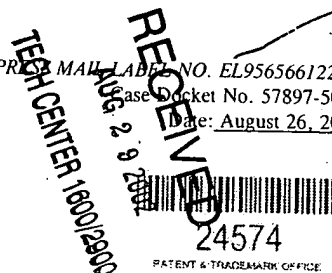




VIA EXPRESS MAIL LABEL NO. EL956566122US
 Case Docket No. 57897-5010
 Date: August 26, 2002

In re Application of: Christopher BERRY, et al.
 Serial No.: 09/783,884
 Filed: February 14, 2001
 For: ANTICHOLESTEROLEMIC EDIBLE OIL



Assistant Commissioner for Patents
 Washington, D.C. 20231

CERTIFICATE OF MAILING
 I hereby certify that this correspondence and fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 and is addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on August 26, 2002 Express Mail Label No. EL956566706US by Michelle Daugherty

Dear Sir:

Transmitted herewith is a Petition for an additional three-month Extension of Time:

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ No additional fee is required.
- ☐ An additional fee of \$ _____ is enclosed to cover the extra claims fee.
- ☒ An additional fee of \$920.00 (large entity) is required for filing a Petition for an additional three-month Extension of Time under 37 C.F.R. 1.136 to August 26, 2002.

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ADDIT. RATE	ENTITY FEE	OR	OTHER THAN A SMALL ENTITY ADDIT. RATE	FEE
TOTAL	23	38	0	x 9	\$	OR	x 18	\$ 0.00
INDEP. CLAIMS	2	2	0	x 42	\$	OR	x 84	\$ 0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			0	140	\$	OR	280	\$
			TOTAL		\$	OR	TOTAL	\$ 0.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

The fee has been calculated as shown below:

- ☐ Please charge Account No. 10-0440 the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ Check in the amount of \$ _____ to cover the additional claims fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 10-0440. A duplicate copy of this sheet is enclosed.
- ☒ Any required filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under Rule 1.136.

Respectfully submitted,

ROD S. BERMAN
 Registration No. 31,483

EFFER, MANGELS, BUTLER & MARMARO LLP
 TENTH FLOOR
 1121 AVENUE OF THE STARS
 LOS ANGELES, CALIFORNIA 90067
 Telephone: (310) 203-8080
 Facsimile: (310) 203-0567

DECEMBER 11 2002
 RECEIVED COPY